

4652

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Anne Arundel	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen		LENGTH OF STAY (in this place) 348 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 1133 East Port Terrace,			
3. NAME OF DECEASED: (First) (Middle) (Last) Bernard Hassell Ball				4. DATE (Month) (Day) (Year) OF DEATH: May 17, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: March 27, 1916	9. AGE last birthday yrs. 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Laborer		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: James Ball				14. MOTHER'S MAIDEN NAME: Lillie Stillwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 223-12-4806		17. INFORMANT & ADDRESS: Bernard Hassell Ball, 1133 East Port Terrace, Annapolis, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				few minutes			
420.1 IMMEDIATE CAUSE (A) Acute coronary occlusion							
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 002X (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis				4 years.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 3, 1954, to May 17, 1955, that I last saw the deceased alive on May 17, 1955, and that death occurred at 11:20 P.M. from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS Cullen, Md.		DATE SIGNED May 20, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5-21-55		NAME OF CEMETERY OR CREMATORY Cedar Bluff		LOCATION (City, town, or county) (State) Annapolis, Md.	
DATE REC'D BY LOCAL REGISTRAR 5/19/55		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR J.M. Taylor Sons, 147 Gloucester St.		ADDRESS Annapolis, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 23 1955

BUREAU V. S.

RESERV

4633a - CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick
 TOWN Frederick
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 Biggs Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Va. COUNTY
 CITY (If outside corporate limits, write RURAL and give nearest town) Arlington
 TOWN Arlington 83x-3
 STREET ADDRESS (If rural give location) 3125 S. Stafford St. ✓

3. NAME OF DECEASED:

(First) ISAAC
 (Type or Print)

(Middle) N.

(Last) Beall

4. DATE OF DEATH:

(Month) May (Day) 16 (Year) 19 55

5. SEX:

male

6. COLOR OR RACE:
 white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5/31/1896

9. AGE last birthday: 58 yrs.

10. IF UNDER 1 YEAR 11. IF UNDER 24 HRS.
 Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Chemical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

James Beall

14. MOTHER'S MAIDEN NAME:

- Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 2 yes ✓ World War I

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Arlington, Va.
 Mrs. Ruth Rudasill Beall-3125 S. Stafford St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
 Immediate cause

(a) Acute pulmonary edema
 DUE TO

Antecedent cause(s)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary occlusion
 DUE TO

(c)

Interval Between Onset And Death

20 min.

6 weeks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
 OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 5/16, 1955, to 5/16, 1955, that I last saw the deceased alive on 5/16, 1955, and that death occurred at 2:45 AM DST from the causes and on the date stated above.
 SIGNATURE (Degree or title) James B. Thomas, M.D. ADDRESS Frederick, Maryland DATE SIGNED 5/16/55

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

5/19/55

NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE REC'D BY LOCAL REGISTRAR 5-17-55

REGISTRAR'S SIGNATURE

a w. [Signature]

24. FUNERAL DIRECTOR

Jm. J. Dickner & Sons

ADDRESS

Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OFFICE OF THE ATTORNEY GENERAL

MEMORANDUM

TO THE HONORABLE THE ATTORNEY GENERAL

FROM THE DEPARTMENT OF JUSTICE

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

100-100000-100000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

04628

Reg. Dist. No. 131

4653

1. PLACE OF DEATH- COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Adamstown		LENGTH OF STAY 12 years		CITY (If outside corporate limits, write RURAL and give nearest town) Adamstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print)		(First) THEODERIC	(Middle) NATHANIEL	(Last) BEACH	4. DATE OF DEATH (Month) May (Day) 18 , (Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH 2 March 1879	9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Silas W. Beach		14. MOTHER'S MAIDEN NAME Virginia Spinks		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 226-16-4642		17. INFORMANT AND ADDRESS Mrs. George Potts, Adamstown, Maryland	
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 (a) Immediate cause Myocardial infarction (b) Antecedent cause(s) Generalized arterio-sclerosis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Angina pectoris (c) 1 year (?)					INTERVAL BETWEEN ONSET AND DEATH 1/2 hour ?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
SIGNATURE Charles A. Conley		M. D. Assistant Deputy Examiner, Frederick, Md.		DATE SIGNED 20 May 1955 18 May 1955	
23. BURIAL, CREMATION, or other disposal (Specify) Burial		DATE THEREOF 21 May 1955		NAME OF CEMETERY OR CREMATORY Bethel Methodist Cemetery	
DATE REC'D BY LOCAL REG. 21 May 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hecker		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	

RECEIVED

MAY 24 1955

BUREAU V. S.

4634

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04630

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 8, Film G182 6-1-55 et

I. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) (in this place)
 11 TOWN Frederick 3 yrs.
 HOSPITAL OR
 00 INSTITUTION OR
 STREET ADDRESS 74 Lincoln Apts.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Fred.
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR Frederick
 STREET (If rural give location)
 ADDRESS 74 Lincoln Apts.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

Lillian Elizabeth Blackstone

4. DATE OF DEATH:

(Month)

(Day)

(Year)

May 15 19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

Female

Colored

Married

July 13, 1886

69

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

Machine Operator, Corn Factory

Frederick, Co.

13. FATHER'S NAME:

Unknown

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

219-05-5000

17. INFORMANT & ADDRESS:

William Blackstone 100 Carver Apts. Fred. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x
Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 55, to May 15, 1955, that I last saw the deceased alive on May 12, 1955, and that death occurred at 12:30 AM, from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED
 Dr. B. T. Martin M.D. 35 E. Church Frederick Md 5-16-55

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

16 May 1955

Elizabeth B. Heik.

Charles E. Hicks III Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MAY 17 1965

RECEIVED

4635

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04631

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>344 E. THIRD ST</u>		STREET ADDRESS (If rural, give location) <u>344 E. THIRD ST</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>WILLIAM LUTHER COMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-4-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED R.R. CONDUCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.A. RAILROAD</u>	9. AGE last birthday <u>80</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>PENNA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>SAMUEL COMER</u>		14. MOTHER'S MAIDEN NAME <u>ELLEN COX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>9</u>		16. SOCIAL SECURITY NO. <u>716-12-3613</u>	
17. INFORMANT AND ADDRESS (DAUGHTER) <u>MD</u> <u>MRS LUCIAN K FALCONER NEW MARKET</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) <u>Arterio-Sclerotic Heart Disease</u>	<u>5 yrs. (?)</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Stokes-Adams Syndrome</u>	<u>5 yrs.</u>
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>macrocytic Anemia</u>		<u>2 years.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1954, to 18 May, 1955, that I last saw the deceased alive on 13 May, 1955, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles H. Conley Jr. M.D. Frederick, Md.

18 May 1955

23. BURIAL, CREMATION REMOVAL (Specify) <u>RURAL</u>	DATE THEREOF <u>MAY 21-1955</u>	NAME OF CEMETERY OR CREMATORY <u>MT OLIVET CEMETERY</u>	LOCATION (City, town, or county) (State) <u>FREDERICK MD</u>
DATE REC'D BY LOCAL REG. <u>May 20-1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heath</u>	24. FUNERAL DIRECTOR <u>W.E. Falconer</u>	ADDRESS <u>New Market Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 26 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4636 CERTIFICATE OF DEATH

04632

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4 Frederick Avenue</u>				STREET ADDRESS (If rural give location) <u>4 Frederick Avenue</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>RAYMOND HEDGES CRUM</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>May 20, 1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE MARRIED: <u>Married</u> (Specify): <u>WIDOWED, DIVORCED</u>	8. DATE OF BIRTH: <u>April 23, 1909</u>	9. AGE last birthday <u>46</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Instrument Maker</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Camp Detrick</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>George C. Crum</u>				14. MOTHER'S MAIDEN NAME: <u>Jennie Martz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>357-18-9173</u>		17. INFORMANT & ADDRESS: <u>4 Frederick Avenue, Mrs. Elizabeth F. Crum, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Carcinoma testis</u>						<u>6 months</u>	
ANTECEDENT CAUSE (B) <u>Squamous cell Ca of urinary bladder</u>						<u>5 months</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>Jan 16, 1955</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of urinary bladder</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 16, 1955</u> , to <u>May 20, 1955</u> , that I last saw the deceased alive on <u>May 20, 1955</u> , and that death occurred at <u>10:00AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. R. Schoolman M.D.</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>5/21/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 23, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>23 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 24 1955

RECEIVED

4654

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

TOWN Rural Emmitsburg,

LENGTH OF STAY (in this place)

2 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

Taneytown, R.D.#2

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR

TOWN Rural Emmitsburg, Md.

STREET ADDRESS (If rural, give location)

Taneytown, R.D.# 2

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

Ruby

Ann

Dalton

4. DATE OF DEATH:

(Month)

(Day)

(Year)

May 7,

19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Female

White

Feb. 25, 1892

63 yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

Own home

11. BIRTHPLACE (State or foreign country):

Scott County, Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Jack Fraley

14. MOTHER'S MAIDEN NAME:

Mattie Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Albert P. Bell

Taneytown, Md.

R.D.#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause

(a) DUE TO

Terminal Broncho Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

Congestive myocardial failure

1 week

(c) DUE TO

Hypertensive cardiac vascular disease several years

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not while work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 50, to May 7 55, that I last saw the deceased alive on May 6 55, and that death occurred at 5:34 a.m. from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE)

ADDRESS

DATE SIGNED

W.R. Cadle M.D.

Emmitsburg Md 5-7-55

23. BURIAL, CREMATION REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE RECD BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 9-1955 M.F. Shuff

S. L. Allison

Fairfield, Pa.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU W. S.

MAY 12 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4655

CERTIFICATE OF DEATH

Reg. Dist. No. 04634 738

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Frederick-Rural RD#6		4 years		X TOWN Frederick-Rural RD#6			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Haughs Shop Road, near Pearl				STREET ADDRESS (If rural give location) Haughs Shop Road, near Pearl			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
EDNA MAY DAMUTH				May 10, 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	White	Married	4 April 1909	46 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Laborer		Leather Factory		Maryland		U S A	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Thomas S. Nusbaum				Ella Rippeon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
No		218-24-9563		Howard F. Damuth, RD#6, Frederick, Md.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
157X IMMEDIATE CAUSE				7 mos. (Oct 1954)			
ANTECEDENT CAUSE (S)				(A) Carcinoma of body of pancreas with metastases to regional lymph nodes & myocardium.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) Hydrocephalus, right.			
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
2							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from 4-15, 1955, to 5-10, 1955, that I last saw the deceased alive on 5-10, 1955, and that death occurred at 8:45A M, from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
Rex R. Martin				M.D. Frederick, Maryland		10 May 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		13 May 1955		Pleasant Hill Cemetery		Monrovia, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
13 May 1955		Lucian K Falconer		M. R. Etchison & Son, Frederick, Md.			

RECEIVED

MAY 20 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4637 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item 18 Film G182 6-22-55

04635

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick MARYLAND				STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick				CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 211 Rockwell Terrace			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
MARIE HAMMOND DAVIS				May 31, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Married		8. DATE OF BIRTH: November 27, 1896	
9. AGE last birthday 58 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Dr. Robert L. Hammond				14. MOTHER'S MAIDEN NAME: Fannie Gilbert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None			
17. INFORMANT & ADDRESS: Dr. Bernard M. Davis Sr., Frederick, Md.							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Hemochromatosis						2 mos.	
DUE TO							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
DUE TO (B)							
DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemolytic Anaemia (Acquired)						25 years	
19A. DATE OF OPERATION: Jan 21, 1955		19B. MAJOR FINDINGS OF OPERATION: Splenomegaly (Compatible with Hemolytic Anaemia)				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> M.		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 29, 1955 , to May 31, 1955 , that I last saw the deceased alive on May 31, 1955 , and that death occurred at 9:30 A.M. from the causes and on the date stated above.							
SIGNATURE A. A. Pearce				ADDRESS Frederick, Maryland		DATE SIGNED 5/31/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 2, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 31 May 1955		REGISTRAR'S SIGNATURE Elizabeth S. Herb.		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

RECEIVED

JUN 2 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4638

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04636

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) Life long		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 530 Mary Street				STREET ADDRESS (If rural give location) 530 Mary Street			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) Etta		(Middle) Gertrude		(Last) Derr		(Month) (Day) (Year) May 28 19 55	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced		8. DATE OF BIRTH: May 20-1868	
9. AGE last birthday: 87 yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housekeeper		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Luther C. Derr				14. MOTHER'S MAIDEN NAME: Victoria Fraley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Wm. Fleming-530 Mary St. Frederick-Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause (a) Congestive Heart Failure						3 months	
Antecedent causes (s) (b) Arteriosclerotic Heart Disease						3 years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1953 , to 28 May 1955 , that I last saw the deceased alive on 28 May 1955 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
SIGNATURE Theresa E. Blum				DATE SIGNED 4 W 3rd St 5-31-55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		May 31-1955		Mt. Olivet Cemetery		Frederick- Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
21 May 1955		Elizabeth L. Heck		C.E. Cline and Son-Frederick-Md.			

BUREAU V. S.

JUN 1 1965

RECEIVED

4656

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write TOWN and give nearest town)		RURAL LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write TOWN and give nearest town)		RURAL and give nearest town)	
X TOWN Emmitsburg, Md.		52 yrs.		X TOWN Emmitsburg,			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				1			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
Raymond Daniel Eyler				May 17, 19 55			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Male		White		Single		April 29, 1903	
9. AGE last birthday:		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
52 yrs.							
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:			
Labor				General labor			
11. BIRTHPLACE (State or foreign country):				12. CITIZEN OF WHAT COUNTRY?			
Emmitsburg, Md.				U.S.A.			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Joseph E.J. Eyler Sr.				Jennie Linn Tressler			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:			
No				17. INFORMANT & ADDRESS:			
				Harro E. Tressler Baltimore, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
322.2 Immediate cause (a) Cirrhosis of Liver							
Antecedent causes (s) (b) Alcoholism -							
DUE TO DUE TO							
DUE TO							
Interval Between Onset And Death							
years							
years							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY ?							
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?			
		m.					
22. I hereby certify that I attended the deceased from Feb. 26, 1955, to March 25, 1955, that I last saw the deceased alive on March 25, 1955, and that death occurred at 6:30 PM EST, from the causes and on the date stated above.							
SIGNATURE (Degree or title)				ADDRESS			
Charles R. Williams MD				Emmitsburg Md.			
DATE THEREOF				DATE SIGNED			
May 21, 1955				May 17, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
Burial		Mt. View		Emmitsburg, Frederick Co.		Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
May 20 - 1955		M. F. Shuff		S. L. Allison		Emmitsburg, Md.	
				S. L. Allison			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 24 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4657 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04638

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		16X-2	
X TOWN Cullen		1670 days		STREET ADDRESS (If rural give location)		Canary Cottages ✓	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital							
3. NAME OF DECEASED: (Type or Print)		(First) John		(Middle) A.		(Last) Fischer	
4. DATE OF DEATH: (Month) May		(Day) 16,		(Year) 19 55			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower		8. DATE OF BIRTH: Sept. 15, 1890	
9. AGE last birthday 64 yrs.		IF UNDER 1 YEAR Months		IF UNDER 24 Hrs. Days		Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Laborer		11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Clemens Fischer				14. MOTHER'S MAIDEN NAME: Barbara Myers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. I 1917-1919				16. SOCIAL SECURITY NO. 191-18-8376			
17. INFORMANT & ADDRESS: John A. Fischer, Berwyn, Maryland							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis						5 years.	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 19, 1950 to May 16, 1955 , that I last saw the deceased alive on May 16, 1955 , and that death occurred at 11:15 M. from the causes and on the date stated above.							
SIGNATURE J. B. Lys		P.M. ADDRESS Cullen, Md.		DATE SIGNED May 17, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5-19-55		NAME OF CEMETERY OR CREMATORY National		LOCATION (City, town, or county) (State) Arlington, Va.	
DATE REC'D BY LOCAL REGISTRAR 5/17/55		REGISTRAR'S SIGNATURE J. B. Lys		24. FUNERAL DIRECTOR Walter Y. Grove-Waynesboro, Pa.		ADDRESS	

RECEIVED

MAY 19 1965

BUREAU V. 1

4658

CERTIFICATE OF DEATH

04639
Reg. Dist. No. 134

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
<input checked="" type="checkbox"/> TOWN <u>Emmitsburg,</u>		<u>20 yrs.</u>		TOWN <u>Emmitsburg,</u>		<input checked="" type="checkbox"/>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>Agnes Taylor Garner</u>				<u>May 1, 1955</u>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<u>Female</u>		<u>White</u>		<u>Widowed</u>		<u>April 21, 1889</u>	
9. AGE last birthday: If UNDER 1 YEAR		If UNDER 24 HRS.		10. BIRTHPLACE (State or foreign country):		11. CITIZEN OF WHAT COUNTRY?	
<u>66</u> yrs.		<u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>		<u>Frederick County, Md.</u>		<u>U.S.A.</u>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>				<u>Own Home</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>John K. Taylor</u>				<u>Mary T. Click</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
<u>No</u>		<u>None</u>		<u>William A. Gunn</u>		<u>Arlington Va.</u>	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death			
<u>416x Immediate cause</u>				<u>1 hour</u>			
(a) <u>Coronary embolism</u>							
DUE TO							
(b) <u>Rheumatic cardio vascular disease with fibrillation -</u>				<u>several years</u>			
DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 50</u> , to <u>May 55</u> , that I last saw the deceased alive on <u>April 30, 1955</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>H. R. Cadell md</u>				DATE SIGNED <u>5-2-55</u>			
ADDRESS <u>Emmitsburg Md</u>							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>May 4, 1955</u>		<u>St. Anthony's Shrine</u>		<u>Emmitsburg R.D. # 1, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>May 3 - 1955</u>		<u>M. F. Shuff</u>		<u>S. L. Allison</u>		<u>Emmitsburg, Md.</u>	
				<u>S. L. Allison</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 5 1985

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

4639

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		LENGTH OF STAY (in this place) 7 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 244 South Carroll Street				STREET ADDRESS (If rural give location) 244 South Carroll Street			
3. NAME OF DECEASED: (First) FRANCES		(Middle) MAY		(Last) GUE		4. DATE OF DEATH: (Month) May (Day) 4 (Year) 19 55	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: February 16, 1875	
9. AGE last birthday: 80 yrs.		10. BIRTHPLACE (State or foreign country): Maryland		11. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife				10b. KIND OF BUSINESS OR INDUSTRY: Own home			
13. FATHER'S NAME: Columbus Hawes				14. MOTHER'S MAIDEN NAME: Lucinda Moxley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mr. Jasper R. Gue - Frederick, Maryland	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
420.1 Immediate cause (a) Pulmonary Edema						30 hrs	
Antecedent causes (s) (b) Coronary Thrombosis						6 months +	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 1955				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 3, 1955, to May 4, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
SIGNATURE [Signature]				ADDRESS DATE SIGNED Frederick, Md May 6, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF May 7, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 6 May 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 9 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04641

4659

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Frederick</i>			
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Union Bridge</i>		LENGTH OF STAY (in this place) <i>Years</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Union Bridge</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Rural</i>				STREET ADDRESS (If rural give location) <i>Rural</i>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<i>ANNA ELIZABETH HARTSOCK</i>				<i>May 13 1955</i>			
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED: <i>Widowed</i>		8. DATE OF BIRTH: <i>2/18/1876</i>	
9. AGE last birthday: <i>79</i> yrs.		10. MONTHS: <i>00</i>		11. DAYS: <i>00</i>		12. HOURS: <i>00</i>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. <i>Housekeeper at home</i>				10b. KIND OF BUSINESS OR INDUSTRY: <i>at home</i>			
11. BIRTHPLACE (State or foreign country): <i>Maryland</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME: <i>John Allen</i>				14. MOTHER'S MAIDEN NAME: <i>Sarah Severn</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY No.: <i>none</i>			
17. INFORMANT & ADDRESS: <i>Anna Hartsock, Union Bridge, Md.</i>							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause (a) <i>Coronary thrombosis</i>							
Antecedent causes (s) (b) <i>Due to</i>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <i>Due to</i>							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		21. SUICIDE		21. HOMICIDE		21. PLACE (Home, farm, factory, street, office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1955, to May 1955, that I last saw the deceased alive on May 1955, and that death occurred at 8 A.M. from the causes and on the date stated above.							
SIGNATURE <i>J. A. Mason, M.D.</i>				DATE SIGNED <i>May 14, 1955</i>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>5/15/55</i>		<i>Union Bridge, Md.</i>		<i>Frederick County, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>May 14, 1955</i>				24. FUNERAL DIRECTOR <i>D. R. Hartley & Sons</i>			
REGISTRAR'S SIGNATURE <i>J. A. Mason</i>				ADDRESS <i>Union Bridge, Md.</i>			

BUREAU V. S.

MAY 18 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 134

4660

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

LENGTH OF STAY (in this place)

X TOWN Emmitsburg, MD.

1 yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

East Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland county Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN Emmitsburg

STREET ADDRESS (If rural, give location) East Main Street

3. NAME OF DECEASED:

(First)

CARRIE

(Middle)

BLANCHE

(Last)

HARTZELL

4. DATE OF DEATH:

(Month)

May

(Day)

25

(Year)

19 1955

5. SEX:

Female

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Widowed

8. DATE OF BIRTH:

21 Aug. 1893

9. AGE last birthday:

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 YRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

HouseWorker

10b. KIND OF BUSINESS OR INDUSTRY:

Own home

11. BIRTHPLACE (State or foreign country):

Liberty Township, Penna.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

John A. Bollinger

14. MOTHER'S MAIDEN NAME:

Mary Catherine Sterner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

Mrs Samuel Eiker.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X
Immediate cause

(a) DUE TO

massive Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

Hypertensive Arteriosclerotic Cardiovascular renal disease

years

(c)

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... 6 A.....m., from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

Charles R Williams

MD

Emmitsburg Md.

May 25, 1955

23. BURIAL, CREMATION REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 26 = 1955

M. F. Shuff

S. L. Allison

Emmitsburg, Md.

S. L. Allison

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 31 1955

RECEIVED

4640

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Fredrick</i>	MARYLAND	STATE <i>MD</i>	COUNTY <i>Fredrick</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>11 Fredrick</i>	LENGTH OF STAY (in this place) <i>2 weeks</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Brunswick 35</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>69 Fredrick Mem. Hospital</i>	STREET ADDRESS (If rural give location) <i>1</i>		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <i>JESSE</i>	(Middle) <i>GRANT</i>	(Last) <i>HAWES</i>	DATE OF DEATH: <i>May 1 1955</i>
5. SEX: <i>male</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>Oct 17-1901</i>
9. AGE last birthday <i>53</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bldg. C.R.</i>	
11. BIRTHPLACE (State or foreign country): <i>Fredrick Co</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME: <i>Grant Hawes</i>		14. MOTHER'S MAIDEN NAME: <i>Mary B. Fry</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>Exc. forces W.W.I</i>		16. SOCIAL SECURITY NO. <i>162X</i>	
17. INFORMANT & ADDRESS: <i>Albert Hawes Thurmont MD</i>		18. MEDICAL CERTIFICATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <i>Bronchopneumonia, at large</i>		<i>3 mos. +</i>	
ANTECEDENT CAUSE (B) <i>lung with metastases to ribs and</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>lung with metastases to ribs and</i>			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Bronchopneumonia, at large with lung metastases to ribs and</i>			
19A. DATE OF OPERATION: <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/27</i> , 19 <i>55</i> , to <i>5/1</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>5/1</i> , 19 <i>55</i> , and that death occurred at <i>6:55 PM</i> , from the causes and on the date stated above.			
SIGNATURE <i>Wm. V. Chase</i>		DATE SIGNED <i>5/1/55</i>	
ADDRESS <i>M. D. 42 Church St. Fredrick</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		24. FUNERAL DIRECTOR ADDRESS	
DATE REC'D BY LOCAL REGISTRAR <i>2 May 1955</i>		REGISTRAR'S SIGNATURE <i>Elyahuta G. Hek</i>	
NAME OF CEMETERY OR CREMATORY <i>W. B. Cemetery</i>		LOCATION (City, town, or county) (State) <i>Thurmont MD</i>	
25. FUNERAL DIRECTOR ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1955
BUREAU V. S.

4641

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) 22 Hours		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2 X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) Near Urbana /			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) RACHEL (Middle) ELIZABETH (Last) HILTON				OF DEATH: May 18, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: 20 Nov 1893	
9. AGE last birthday: 61 yrs.		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS. Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work				10B. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME: John W. Tabler				14. MOTHER'S MAIDEN NAME: Frances Knott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 117 Bay Drive, East, Mrs. Kermit F. Wasmuth, Huntington, N. Y.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage DUE TO						22 hrs	
ANTECEDENT CAUSE (B) Malignant Hypertension DUE TO						15 yrs +	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 17, 1955 , to May 18, 1955 , that I last saw the deceased alive on May 18, 1955 , and that death occurred at 11:03A M. from the causes and on the date stated above.							
SIGNATURE [Signature]				ADDRESS Frederick, Maryland		DATE SIGNED 18 May 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 20 May 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 19 May 1955		REGISTRAR'S SIGNATURE Elizabeth S. Herb.		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 23 1955

BUREAU V. S.

4661

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Cullen		LENGTH OF STAY (in this place) 54 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) Route #4			
3. NAME OF DECEASED: (First) (Middle) (Last) Charles Samuel Hykes				4. DATE (Month) (Day) (Year) OF DEATH: May 16 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 5/22/1879	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10B. KIND OF BUSINESS OR INDUSTRY: Truck Farmer	11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Henry Hykes				14. MOTHER'S MAIDEN NAME: Katie Greenawalt.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Patient (Charles Samuel Hykes), Route #4, Hagerstown, Md.		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 422.1		(A) Arteriosclerotic cardiovascular disease.				Unknown.	
ANTECEDENT CAUSE (S)		DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO					
		(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						Bronchial Asthma.	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar. 23, 1955 , to May 16, 1955 , that I last saw the deceased alive on May 16, 1955 , and that death occurred at 3:05 P.M. , from the causes and on the date stated above. SIGNATURE [Signature] A.M. ADDRESS Cullen, Maryland DATE SIGNED May 17, 1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5/18/55		NAME OF CEMETERY OR CREMATORY Church of Brethren County		LOCATION (City, town, or county) (State) Broadfording, Maryland.	
DATE REC'D BY LOCAL REGISTRAR 5/17/55		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR Andrew K. Coffman, 40 E. Antietam St.		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

AV 19 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04646

4662

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Md.		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR TOWN) X Creagerstown		LENGTH OF STAY (in this place) 30 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Creagerstown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
Harry Norman Isanogle				May 24 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: May 28, 1881	9. AGE last birthday 73 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Gen. Farm Work		11. BIRTHPLACE (State or foreign country): Thurmont, Fred.Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James R. Isanogle				14. MOTHER'S MAIDEN NAME: Emma Eicholtz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 3 no				16. SOCIAL SECURITY NO. 213-18-0739		17. INFORMANT & ADDRESS: Mrs. Thelma Kersey, Thurmont, Rt. 2, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Myocardial failure						1 wk.	
ANTECEDENT CAUSE (S) (B) Chronic myocarditis						?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosis						?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension						3 yrs.	
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 18, 1955 , to May 24, 1955 , that I last saw the deceased alive on May 24 , 19 55 , and that death occurred at 6:45p.M. from the causes and on the date stated above.							
SIGNATURE M. Frank Bins		M. D. Thurmont Md.		DATE SIGNED May 25 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF May 27, 1955		NAME OF CEMETERY OR CREMATORY Blue Ridge		LOCATION (City, town, or county) (State) Thurmont, Fred.Co. Md.	
DATE REC'D BY LOCAL REGISTRAR May 26 1955		REGISTRAR'S SIGNATURE Blanche S. Eyles		24. FUNERAL DIRECTOR M. L. Creager & Son, Thurmont, Md.		ADDRESS	

CERTIFICATE OF ADOPTION

STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

REPORT

MAY 20, 1955

REPORT

STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

REPORT

STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

REPORT

STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

REPORT

STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

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STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

REPORT

STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

REPORT

STATE OF NEW YORK

IN SENATE

APRIL 20, 1955

BUREAU V. 2

MAY 27 1955

RECEIVED

4642

CERTIFICATE OF DEATH

Reg. Dist. No.

04647

131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 208 Washington Street			
3. NAME OF DECEASED: (First) (Middle) (Last) LEROY MILLARD KNILL				4. DATE (Month) (Day) (Year) OF DEATH: May 22, 19 55			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: April 27, 1886	9. AGE last birthday 69 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer			10B. KIND OF BUSINESS OR INDUSTRY: Feed Company		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael Knill				14. MOTHER'S MAIDEN NAME: Ellen Carty			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 214-10-4447		17. INFORMANT & ADDRESS: Mrs. Charles T. Main, R.F.D. #5, Frederick, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary edema, acute						45 min.	
ANTECEDENT CAUSE (S) (B) Cardiac insufficiency						4 month	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosis, generalized						years.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 2, 1955 , to May 22, 1955 , that I last saw the deceased alive on May 22, 1955 , and that death occurred at 1:55 A.M. from the causes and on the date stated above.							
SIGNATURE Robert S. Turner, Jr.		ADDRESS Frederick, Maryland		DATE SIGNED 5/23/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF May 25, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 24 May 1955		REGISTRAR'S SIGNATURE Elizabeth S. Hesk.		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 26 1955

RECEIVED

4663

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>Frederick-Rural-R.D.#1</u>		<u>Years</u>		<u>Frederick-Rural-R.D.#1</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
<u>Near Mt. Pleasant</u>				<u>Near Mt. Pleasant</u>			
3. NAME OF DECEASED: (First)		(Middle)		(Last)		4. DATE (Month) (Day) (Year)	
<u>RUTH</u>		<u>ELIZABETH</u>		<u>KOOGLE</u>		OF DEATH: <u>May</u> <u>27</u> , <u>1955</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. <u>SINGLE</u> <u>MARRIED</u> <u>WIDOWED</u> <u>DIVORCED</u> (Specify): <u>Widow</u>		8. DATE OF BIRTH: <u>Sept. 2, 1885</u>	
				9. AGE last birthday <u>69</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John W. Corun</u>				14. MOTHER'S MAIDEN NAME: <u>Carrie N. Fulmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY NO.: <u>None?</u>		17. INFORMANT & ADDRESS: <u>Hobart Corun, Frederick R. F. D. #1, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Pneumonia</u>						<u>24 hrs</u>	
ANTECEDENT CAUSE (S) <u>Metastatic Carcinoma left lung + pleura</u>						<u>4 mo</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Carcinoma body of uterus</u>						<u>16 mo</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 Dec., 1955</u> to <u>27 May 1955</u> that I last saw the deceased alive on <u>26 May</u> , 1955, and that death occurred at <u>1:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>James H. Corun Jr.</u>		ADDRESS <u>Walkersville, Maryland</u>		DATE SIGNED <u>5/27/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 30, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>28 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 31 1955

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 131

4664

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Mountaindale		25 years		OR TOWN Mountaindale		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
Sarah Francis Lewis				5 - 29 19 55			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH:	
Female		White		Widowed		9- 18- 1870	
9. AGE last birthday: 84 yrs.				10. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife				10b. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME: John Lewis				14. MOTHER'S MAIDEN NAME: Catherine Kirkpatrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY No.: -		17. INFORMANT & ADDRESS: Howard W. Lewis, Brunswick, Maryland.	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
331X Immediate cause (a) Pulmonary Edema						2 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage						2 week	
(c) paralysis of Side							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
		m.					
22. I hereby certify that I attended the deceased from May 5, 1955 , to May 29, 1955 , that I last saw the deceased alive on May 28, 1955 , and that death occurred at 4:30 A , from the causes and on the date stated above.							
SIGNATURE B. B. Thomas				DATE SIGNED 5/29, 55			
(Degree or title)				ADDRESS Frederick, Md			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		6-1-1955		Park Heights		Brunswick, Maryland.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
31 May 1955		Elizabeth G. Heck		C.H. Peete and Bro.		Brunswick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 2

JUN 2 1965

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Item 18 Film G182 6-17-55 ams

04651

CERTIFICATE OF DEATH

Reg. Dist. No. 131

4643

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) Days		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 630 Apple Avenue			
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Albert Richard Molesworth				4. DATE OF DEATH: (Month) (Day) (Year) May 5 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: May 4, 1955	9. AGE last birthday: 0 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min. 20	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Student		10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? Unknown	
13. FATHER'S NAME: Richard Carroll Molesworth				14. MOTHER'S MAIDEN NAME: Bessie Pauline Wilhide			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: 630 Apple Avenue, Richard C. Molesworth, Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 762.5 Immediate cause (a) Fetal Atelectasis DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immaturity DUE TO (c) Prematurity				Interval Between Onset And Death from birth			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 2				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4 May 1955 , to 5 May 1955 , that I last saw the deceased alive on 6 May 1955 , and that death occurred at 2:45 PM , from the causes and on the date stated above.							
SIGNATURE Am. Powell Jr.				ADDRESS 220 W. 14th St.		DATE SIGNED 6 May 55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF May 7, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 7 May 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son		ADDRESS Frederick, Maryland	

2055371321

BUREAU V. S.

MAY 10 1965

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04652

4665

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Baltimore City	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cullen		LENGTH OF STAY (in this place) 6218 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 717 Grantley Street, ✓			
3. NAME OF DECEASED: (Type or Print)		(First) Charles		(Middle)		(Last) Moon	
4. DATE OF DEATH:		(Month) May		(Day) 27		(Year) 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: June 24, 1878	9. AGE last birthday 76 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist			10B. KIND OF BUSINESS OR INDUSTRY: Machinist		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard C. Moon				14. MOTHER'S MAIDEN NAME: Catherine Mocks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY NO. 220-05-8424		17. INFORMANT & ADDRESS: Charles Moon	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						17 years.	
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis							
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 18, 1938, to May 27, 1955, that I last saw the deceased alive on May 27, 1955, and that death occurred at 5:00 A.M. from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS Cullen, Maryland		DATE SIGNED May 27, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5-31-55		NAME OF CEMETERY OR CREMATORY Western		LOCATION (City, town, or county) (State) Balto. 23, Md.	
DATE REC'D BY LOCAL REGISTRAR 5/27/55		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR Witzke Funeral Directors		ADDRESS 4101 Edmondson Ave	

BUREAU V. S.

MAY 31 1955

RECEIVED

4668

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Knoxville		LENGTH OF STAY (in this place) 50yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Knoxville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS -				STREET ADDRESS (If rural give location) -			
3. NAME OF DECEASED: (Type or Print) Edith (First) Mae (Middle) Myers (Last)				4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 3-29-1882	9. AGE last birthday: 73 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife				10b. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Virginia	
13. FATHER'S NAME: Albert Polhamus				14. MOTHER'S MAIDEN NAME: Susan Ann Whitescaber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.: -		17. INFORMANT & ADDRESS: William Myers, Knoxville, Maryland.	
18. MEDICAL CERTIFICATION							Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X Immediate cause (a) Cerebral hemorrhage DUE TO (b) Unmyelized Arteriosclerosis Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							36 hrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis							
19a. DATE OF OPERATION: 5/22/55				19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/22 , 19 55 , to 5/23 , 19 55 , that I last saw the deceased alive on 5/22 , 19 55 , and that death occurred at 1 PM , from the causes and on the date stated above. SIGNATURE C. J. Brice (Degree or title) MD ADDRESS Jefferson Md 5/23/55 DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL, etc.		DATE THEREOF 5-25-55		NAME OF CEMETERY OR CREMATORY Reformed		LOCATION (City, town, or county) (State) Knoxville, Maryland.	
DATE REC'D BY LOCAL REGISTRAR May 24-55		REGISTRAR'S SIGNATURE Kathryn N. Brown		24. FUNERAL DIRECTOR ADDRESS C.H. Feete and Bro. Brunswick, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 31 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 131

No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK		MARYLAND		STATE MARYLAND COUNTY CARROLL			
CITY (If outside corporate limits, write RURAL OR and give nearest town) FREDERICK		LENGTH OF STAY (in this place) MINS.		CITY (If outside corporate limits write RURAL and give nearest town) WESTMINSTER		06X-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP				STREET ADDRESS (If rural, give location) RTE 6			
3. NAME OF DECEASED:				4. DATE OF DEATH			
(First) LARRY		(Middle) CORNELIUS		(Last) MYERS		(Month) MAY (Day) 28 (Year) 1955	
5. SEX: MALE		6. COLOR OR RACE: NEGRO		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE		8. DATE OF BIRTH: DEC. 13, 1937	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER		10b. KIND OF BUSINESS OR INDUSTRY: LANDSCAPING		11. BIRTHPLACE (State of foreign country): MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: CORNELIUS MYERS				14. MOTHER'S MAIDEN NAME: (Sidney) SIDNEY ELAINE SNOWDEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY No.: 218-32-3034		17. INFORMANT & ADDRESS: MOTHER - RTE 6 WESTMINSTER, MD.			

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
<p>822X Immediate cause (a) RUPTURED LIVER & SPLEEN</p> <p>DUE TO</p> <p>Antecedent cause(s) (b) DUE TO</p> <p>Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)</p>				30'	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION: 2		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HIGHWAY)		21c. (City or town) (County) 10 (State) MD.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY MAY 28, 1955 8 PM		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? PASSENGER IN AUTO WHICH OVERTURNED	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE Robert J. J. J. J.		M. D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED 5/28/55 DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 30 May 1955		NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
LOCATION (City, town, or county) (State) Carroll County Maryland		24. FUNERAL DIRECTOR W. M. Waltz		ADDRESS W. M. Waltz	
DATE REC'D BY LOCAL REG. 28 May 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1955

BUREAU V. 51

1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

4667

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write OR and give nearest town)		RURAL LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Mr. Adamstown		17 years		TOWN Nr. Adamstown		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Adamstown				STREET ADDRESS (If rural give location) Nr. Adamstown			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) FRANCES		(Middle) LUCINDA		(Last) NOEL		(Month) May	
(Type or Print)						(Day) 8	
						(Year) 1955	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Female		White		Married		March 12, 1890	
9. AGE last birthday:				10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):			
65 yrs.				Housewife			
11. BIRTHPLACE (State or foreign country):				12. CITIZEN OF WHAT COUNTRY?			
Missouri				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
William Hicks				Margaret Wriston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:			
No				None			
17. INFORMANT & ADDRESS:				18. MEDICAL CERTIFICATION			
Mrs. Herbert S. Wilbur - Adamstown, Md.				Interval Between Onset And Death			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				19. DATE OF OPERATION:			
Immediate cause (a) Carcinoma of breast - metastases				20. AUTOPSY?			
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO				Yes <input type="checkbox"/> No <input type="checkbox"/>			
(c)							
11. OTHER SIGNIFICANT CONDITIONS				21. ACCIDENT SUICIDE HOMICIDE			
Conditions contributing to the death but not related to the disease or condition causing death.				(Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Oct 5/6, 1954, to 5/8, 1955, that I last saw the deceased alive on 5/6, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.				HOW DID INJURY OCCUR?			
SIGNATURE James B. Thomas, M.D.				ADDRESS Frederick, Md.			
DATE SIGNED 5/9/55							
23. BURIAL, CREMATION, REMOVAL (Specify)				DATE THEREOF			
Burial				May 10, 1955			
NAME OF CEMETERY OR CREMATORY				LOCATION (City, town, or county) (State)			
Saint Pauls Cemetery				Point of Rocks, Maryland			
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE			
May 1955				Elizabeth B. Hack			
24. FUNERAL DIRECTOR				ADDRESS			
C. E. Cline & Son - 8 East Patrick Street				Frederick, Maryland			

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 10 1955

RECEIVED

4645

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) Years		If outside corporate limits, write RURAL and give nearest town) Mount Pleasant			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) (Middle) (Last) MARY FRANCES NUSBAUM				4. DATE (Month) (Day) (Year) OF DEATH: May 22, 19 55			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: November 22, 1881	9. AGE last birthday 73 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher				10B. KIND OF BUSINESS OR INDUSTRY: Grade School		11. BIRTHPLACE (State or foreign country): Delaware	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME: Charles W. Grant			
14. MOTHER'S MAIDEN NAME: Frances Clark				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT & ADDRESS: Mr. George H. Nusbaum, Mt. Pleasant, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Acute Hemorrhagic pneumonia						24 hrs	
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
(B) DUE TO							
(C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 2				19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 22, 1955 , to May 23, 1955 , that I last saw the deceased alive on May 22, 1955 , and that death occurred at 2:30 PM , from the causes and on the date stated above.							
SIGNATURE [Signature]		ADDRESS Frederick, Maryland		DATE SIGNED 5/23/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF May 25, 1955		NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		LOCATION (City, town, or county) (State) Libertytown, Maryland	
DATE REC'D BY LOCAL REGISTRAR 23 May 1955		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison, & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 24 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04657

Reg. Dist. No. 81

1. PLACE OF DEATH COUNTY <u>Fredenck</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Fredenck</u>	
X CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Union Bridge R2</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Union Bridge R2</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) <u>Elmer</u> (First) <u>Dennis</u> (Middle) <u>Peters</u> (Last)		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>22</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE last birthday <u>73</u> yrs. <u>8</u> mos. <u>28</u> days
13. FATHER'S NAME <u>Isaac Peters</u>		14. MOTHER'S MAIDEN NAME <u>Lulibah Austin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>453-12-8550</u>	
		17. INFORMANT <u>Bergie Peters</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
<p>422.2 Immediate cause (a) <u>Acute Cardiac Deletion</u></p> <p>Antecedent cause(s) (b) <u>Chronic Myocarditis</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1955, to May 22, 1955, that I last saw the deceased alive on May 22, 1955, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE J. H. G. G. G. G. (Degree or title) ADDRESS Union Bridge Md DATE SIGNED 5-22-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
<u>Removal</u>	<u>5-27-1955</u>	<u>Pine Creek</u>	<u>Uniontown Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 24, 1955</u>	<u>Philip L. Peters</u>	<u>Raymond K. Wright</u>	<u>Union Bridge Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 26 1955
BUREAU V. S.

4669

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Anne Arundel	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Cullen		LENGTH OF STAY (in this place) 823 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deals			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 02X-2			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) Samuel		(Middle)		(Last) Phipps		May 28, 19 55	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: Jan. 18, 1908	
9. AGE last birthday 47 yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter				10B. KIND OF BUSINESS OR INDUSTRY: Painter		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME: Edward Phipps				14. MOTHER'S MAIDEN NAME: Nellie Randall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No 4				16. SOCIAL SECURITY NO. Sending for		17. INFORMANT & ADDRESS: Samuel Phipps, Deals, Maryland	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis						2 1/2 years.	
DUE TO							
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 24, 1953, to May 28, 1955, that I last saw the deceased alive on May 28, 1955, and that death occurred at 3:00 M. from the causes and on the date stated above.							
SIGNATURE <i>W. L. Lyan</i>				A.M. ADDRESS		DATE SIGNED May 28, 1955	
M. D. Cullen, Maryland							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5-30-55		NAME OF CEMETERY OR CREMATORY Quaker Burial Grounds		LOCATION (City, town, or county) Galesville, Md. (State)	
DATE REC'D BY LOCAL REGISTRAR 5/28/55		REGISTRAR'S SIGNATURE <i>W. L. Lyan</i>		24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 1 1955

BUREAU V. S.

4645

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04659

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 219 South Market Street			
3. NAME OF DECEASED: (First) (Middle) (Last) JESSE CLAGGETT RAMSBURG, Jr.				4. DATE (Month) (Day) (Year) OF DEATH: May 6, 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: November 7, 1932	
9. AGE last birthday: 22 yrs.		10. KIND OF BUSINESS OR INDUSTRY: Own		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newsboy				10B. SOCIAL SECURITY NO.: 217-28-6009			
13. FATHER'S NAME: Jesse Claggett Ramsburg Sr.				14. MOTHER'S MAIDEN NAME: Frances E. Hoffman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. INFORMANT & ADDRESS: Mr. Jesse C. Ramsburg Sr., Frederick, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Congestive Heart Failure				3 months			
ANTECEDENT CAUSE (S) (B) Rheumatic Heart Disease				15 years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 2				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1951 , to 6 May, 1955 , that I last saw the deceased alive on 6 May, 1955 , and that death occurred at 10:00 PM , from the causes and on the date stated above.							
SIGNATURE Thomas C. Stone				DATE SIGNED 5/9/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF May 9, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 9 May 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 10 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4651

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04669

CERTIFICATE OF DEATH

Reg. Dist. No. 141

Item 9, Film G182 6-21-55 et

Item 8, Film G183 7-6-55 et

I. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick

LENGTH OF STAY (in this place) 20 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

South Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Brunswick

STREET ADDRESS (If rural, give location) South Maple Ave.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Charles Harrison Reynolds

4. DATE (Month) (Day) (Year)

OF DEATH: 5 - 30 1955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

Male

White

Married

10 - 6 - 1879

76 1/2 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Local

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

Un-Known

14. MOTHER'S MAIDEN NAME:

Un-Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Mrs. Maude Schaeffer, Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a)

DUE TO

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not while M. work ☐ at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2/55, to 6/1/55, that I last saw the deceased alive on 6/1/55 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE)

ADDRESS

DATE SIGNED 6/1/55

23. BURIAL CREMATION REMOVAL (Specify):

Burial

DATE THEREOF

6-2-1955

NAME OF CEMETERY OR CREMATORY

Samples Manor

LOCATION (City, town, or county) (State)

Dargan, Wash. Co. Md.

DATE REC'D BY LOCAL REG.

June 1-55

REGISTRAR'S SIGNATURE

Ralph H. Brown

24. FUNERAL DIRECTOR

C.H. Feete and Bro. Brunswick, Md.

RECEIVED

JUN 7 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4670 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04661

CERTIFICATE OF DEATH

Reg. Dist. No. /44

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Md.		COUNTY Frederick	
CITY (If outside corporate limits, write TOWN and give nearest town) Thurmont		RURAL LENGTH OF STAY (in this place) 71 yrs.		CITY (If outside corporate limits, write TOWN OR TOWN Thurmont		RURAL and give nearest town) X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
PAULINE ELIZABETH ROWE				OF DEATH: May 23, 19 55			
5. SEX: Female		6. COLOR OR RACE: White		8. DATE OF BIRTH: May 3, 1884		9. AGE last birthday 71 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Thurmont, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Joseph Claybaugh				14. MOTHER'S MAIDEN NAME: Elizabeth Hoke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 217-01-9013		17. INFORMANT & ADDRESS: Mrs. Evers Portner, Thurmont, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Acute myocardial failure						1 hr.	
ANTECEDENT CAUSE (B) Chronic myocarditis						?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosis						?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21c. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 20, 1955 to May 23, 1955 that I last saw the deceased alive on May 22, 1955 , and that death occurred at 1:30 A.P.S.T. from the causes and on the date stated above.							
SIGNATURE M. Frank		DATE SIGNED May 23, 1955		ADDRESS Thurmont, Md.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF May 25, 1955		NAME OF CEMETERY OR CREMATORY Blue Ridge		LOCATION (City, town, or county) (State) Thurmont, Fred. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR May 25 1955		REGISTRAR'S SIGNATURE Blanche S. Eyer		24. FUNERAL DIRECTOR ADDRESS M.L. Creager & Son, Thurmont, Md.			

RECEIVED

MAY 27 1955

BUREAU V. 2

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL OR and give nearest town)	
Nr. Frederick	Lifetime	Nr. Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
Nr. Frederick		Nr. Frederick	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE OF DEATH: (Month) (Day) (Year)	
NELLIE R. SCHAEFFER		May 14 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
Female	White	Single	February 27, 1873
9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.			
82 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):
File Clerk		Government Office	Maryland
12. CITIZEN OF WHAT COUNTRY?			
USA			
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
John A. Schaeffer		Frances Waskey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):		16. SOCIAL SECURITY NO.:	
No		None	
17. INFORMANT & ADDRESS:			
Mrs. Charles Mullen - Frederick, Maryland			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
332X Immediate cause		3 days	
(a) DUE TO			
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.			
(b) DUE TO			
(c) DUE TO			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		20. AUTOPSY?	
0		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		22. I hereby certify that I attended the deceased from 12/1, 1954, to 5/14, 1955, that I last saw the deceased alive on 5/12, 1955, and that death occurred at 11:15 P.M. from the causes and on the date stated above.	
PLACE (Home, farm, factory, street, OF office bldg., etc.)		SIGNATURE	
INJURY		N. Schaeffer	
TIME (Month) (Day) (Year) (Hour)		ADDRESS	
OF INJURY		Frederick Md	
INJURY OCCURED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		DATE SIGNED	
HOW DID INJURY OCCUR?		5/16/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		24. FUNERAL DIRECTOR	
DATE THEREOF		LOCATION (City, town, or county) (State)	
May 17, 1955		Frederick, Maryland	
NAME OF CEMETERY OR CREMATORY		ADDRESS	
Mount Olivet Cemetery		C. E. Cline & Son - 8 East Patrick Street	
DATE REC'D BY LOCAL REGISTRAR		Frederick, Maryland	
16 May 1955			
REGISTRAR'S SIGNATURE			
Elizabeth B. Heck			

BUREAU V. S.

MAY 17 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4647

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04663

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick LENGTH OF STAY (in this place) 4 MO				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) New Midway Rural STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) Anna (Middle) Virginia (Last) Schildt (Type or Print)				4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: July 31 1912		9. AGE last birthday 42 yrs.	IF UNDER 1 YEAR Months 16 Days 16	IF UNDER 24 HRS. Hours 16 Min. 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even in Housewife			10B. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Thurmont Fredk Co. Md		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Edgar R. Lewis				14. MOTHER'S MAIDEN NAME: Glenna K. Weller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war and dates of service) No			16. SOCIAL SECURITY NO. 217-01-9062		17. INFORMANT & ADDRESS: Glenna K. Lewis Thurmont. MD		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Uterine hemorrhage						1 hr.	
ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of Cervix						8 mo.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 16, 1955 , to May 16, 1955 , that I last saw the deceased alive on May 16, 1955 , and that death occurred at 3:45 A M, from the causes and on the date stated above.							
SIGNATURE Robert S. Jeanner, Jr.				ADDRESS M. D. 7 E. Church St., Frederick		DATE SIGNED 5-16-55	
23. BURIAL, CREMATION, OR OTHER (SPECIFY) Burial		DATE THEREOF May 18, 1955		NAME OF CEMETERY OR CREMATORY Church of the Brethern Cem. Rocky Ridge		LOCATION (City, town, or county) (State) Md	
DATE REC'D BY LOCAL REGISTRAR 16 May 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hach		24. FUNERAL DIRECTOR M. L. Creager & Son		ADDRESS Thurmont. Md	

RECEIVED

MAY 18 1955

BUREAU V. S.

4672

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04664

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Dickerson</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Dickerson</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rte 1</u>		STREET ADDRESS (If rural, give location) <u>Rte 1</u>	
3. NAME OF DECEASED (First) <u>IRA</u> (Middle) <u>THOMAS</u> (Last) <u>SEARS</u>		4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>20</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 10, 1877</u>
9. AGE last birthday <u>78</u> yrs.		If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>William Thomas Sears</u>		14. MOTHER'S MAIDEN NAME <u>Sarah J. Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Sears - Adamstown, Md.</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause

(a) Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) Arteriosclerotic Heart DiseaseYes.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Healed, l. cerebral infarct

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. EXTERNAL CAUSE WAS

PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Robert J. Jurie, M.D., Rte 6, Frederick, Md. 5/20/55

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

23 May 1955 Elizabeth B. Herb.

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 24 1955

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

. 04665

4673

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Enroute to Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) ANNIE (Middle) MARY (Last) SMITH		4. DATE OF DEATH (Month) May (Day) 8 (Year) 1955	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH July 4, 1873
9. AGE last birthday 81 yrs.		10. If under 1 year Months 1 Days 8 Hours 19 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Smith		14. MOTHER'S MAIDEN NAME Catherine Keller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give year or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS R. F. D. 4 Sarah E. Pearl, Frederick, Maryland		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.0 Immediate cause (a) Acute Pulmonary Edema		1 hour(?)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) (b) Arterio-sclerotic heart dis.		10 yrs. +	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE Charles H. Bradley, Jr. M.D. actual Dep. med. Exam.		DATE SIGNED 5/9/1955	
23. BURIAL, CREMATION OR REMOVAL (Specify) Burial		DATE THEREOF May 11, 1955	
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		LOCATION (City, town, or county) (State) Jefferson, Maryland	
DATE REC'D BY LOCAL REG. 9 May 1955		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S.

MAY 10 1955

RECEIVED

4648

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 434 North Market Street				STREET ADDRESS (If rural give location) 434 North Market Street			
3. NAME OF DECEASED: (First) CORA		(Middle) MAE		(Last) STALEY		4. DATE OF DEATH: May 12 1955	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: October 13, 1882	
9. AGE last birthday: 72 yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Webster				14. MOTHER'S MAIDEN NAME: Belle Hauer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Edward I. Myers - 317 East Third Street Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death			
Immediate cause (a) 420.0 Coronary Thrombosis				0			
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Insufficiency				5 years			
(c) Arteriosclerosis Heart Disease				5 years			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1952, to Jan. 1955, that I last saw the deceased alive on May 12, 1955, and that death occurred at 1:15 p.m., from the causes and on the date stated above. SIGNATURE: Thomas E. Stone (Degree or title) ADDRESS: 4 W 3rd St 5-13-55 DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF May 14, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 13 May 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 16 1955

BUREAU V. S.

4672

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04667

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>—</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u> STREET ADDRESS <u>—</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>LAURA ALBERTA STARNER</u>		4. DATE OF DEATH <u>May 5 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 24 1876</u>
9. AGE last birthday <u>79</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Bruchey</u>		14. MOTHER'S MAIDEN NAME <u>Laura Harshman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Mrs. Lertie Reimer, Ladiesburg, Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
422.1 Immediate cause (a) <u>Subacute pulmonary edema</u>		2 days	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Arteriosclerotic cardiovascular disease</u>		10 years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 Aug. 1948</u> , to <u>5 May 1955</u> , that I last saw the deceased alive on <u>5 May 1955</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Laura E. Stoner</u> (Degree or title) <u>MD</u>		ADDRESS <u>Walkersville, Md</u> DATE SIGNED <u>5 May 55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/8/55</u>	
NAME OF CEMETERY OR CREMATORY <u>United Brethren</u>		LOCATION (City, town, or county) <u>Thurmont Md.</u>	
DATE REC'D BY LOCAL REG. <u>6 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Heck</u>	
24. FUNERAL DIRECTOR <u>G.C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 9 1955

BUREAU V. S.

4675 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04668
CERTIFICATE OF DEATH Reg. Dist. No. 134

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Md.	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Rural Nr Emmitsburg	LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural give location) Keysville	

3. NAME OF DECEASED: (First) (Middle) (Last) Sara C. L. Valentine			4. DATE (Month) (Day) (Year) OF DEATH: May 25 1955		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Nov. 29th. 1886	9. AGE last birthday: 68 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Frederick Co. Md	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13. FATHER'S NAME: Jacob Baumbardner		14. MOTHER'S MAIDEN NAME: Adelide Stambaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT & ADDRESS: Edgar A. Valentine Sr. Emmitsburg Md		Taneytown Md	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) INTESTINAL OBSTRUCTION		1 month
ANTECEDENT CAUSE (S) DUE TO		
(B) CHRONIC DUODENAL ULCER		1 1/2 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
DIABETES MELLITUS		years
TERMINAL BRONCHOPNEUMONIA		1 DAY

19A. DATE OF OPERATION: 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 14, 1953**, to **May 25, 1955**, that I last saw the deceased alive on **May 24, 1955**, and that death occurred at **9:10 PM**, from the causes and on the date stated above.

SIGNATURE **Charles R Williams** ADDRESS **Emmitsburg Md** DATE SIGNED **May 27, 1955**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF May 28th. 1955	NAME OF CEMETERY OR CREMATORY Keysville Cem.	LOCATION (City, town, or county) (State) Keysville Md
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DATE REC'D BY LOCAL REGISTRAR May 27 - 1955	REGISTRAR'S SIGNATURE M. F. Shuff	24. FUNERAL DIRECTOR M. L. Creager & Son	ADDRESS Thurmont. Md
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MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 31 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

4649

04669

131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital		STREET ADDRESS (If rural give location) 118 East Patrick Street	
3. NAME OF DECEASED: (First) (Middle) (Last) GRACE E. V. WALLACE		4. DATE OF DEATH: (Month) (Day) (Year) May 26, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH: 7 Aug 1883
9. AGE last birthday: 71 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House-work		10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: George R. Moberly	
14. MOTHER'S MAIDEN NAME: Mary Catherine Barnes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: 118 E. Patrick St., Mrs. Lewis A. Kline, Frederick, Maryland	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
260X Immediate cause (a) Myocardial Infarction, acute		10 hrs.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis		years.	
(c) Diabetes Mellitus		years.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 2		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes XX No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1955, to May 26, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 9:25 AM, from the causes and on the date stated above.			
SIGNATURE (Degree or title) Robert S. Turner, M.D.		DATE SIGNED May 26, 1955	
23. BURIAL, CREMATION, REINTERMENT (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	30 May 1955	Mount Olivet Cemetery	Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
27 May 1955	Elizabeth B. Hersh	M. R. Etchison and Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 31 1955

RECEIVED

4675

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Frederick</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Fred.</i>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Myersville</i>	LENGTH OF STAY (in this place) <i>life</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Myersville</i>	<i>x</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Home</i>		STREET ADDRESS (If rural, give location) <i>Dual Highway</i>	<i>1</i>
3. NAME OF DECEASED: (First) <i>Stephanie</i> (Middle) <i>Lee</i> (Last) <i>Weddle</i>		4. DATE OF DEATH: (Month) <i>May</i> (Day) <i>14</i> (Year) <i>1955</i>	
5. SEX: <i>F</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: <i>May 14, 1955</i>
9. AGE last birthday: <i>16</i> yrs. Months <i>1</i> Days <i>1</i> Hours <i>30</i> Min. <i>30</i>		10. AGE last birthday: <i>16</i> UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <i>md</i>		12. CITIZEN OF WHAT COUNTRY: <i>md</i>	
13. FATHER'S NAME: <i>Woodrow Wilson Weddle</i>		14. MOTHER'S MAIDEN NAME: <i>Mary Viola Jackson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
17. INFORMANT'S ADDRESS: <i>mother</i>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Intervs Between Onset & Death	
762.5 Immediate cause (a) <i>Asphyxia & anoxia</i>		<i>Birth</i>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>Fetal atelectasis</i>			
(c) <i>Prematurity (6 1/2 mos)</i>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 14, 1955</i> , to <i>May 14, 1955</i> , that I last saw the deceased alive on <i>May 14, 1955</i> , and that death occurred at <i>11:30 PM</i> , from the causes and on the date stated above.			
SIGNATURE <i>Kenneth C. Benson, M.D.</i>		DATE SIGNED <i>May 15, 1955</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
DATE THEREOF <i>May 15, 1955</i>		LOCATION (City, town, or county) (State) <i>Harmony Church The Bethel No 2 Myersville Md</i>	
DATE REC'D BY LOCAL REGISTRAR <i>May 15, 1955</i>		REGISTRAR'S SIGNATURE <i>Floy M. Bittle</i>	
24. FUNERAL DIRECTOR		ADDRESS <i>M. R. Etchison & Son, Frederick, Md.</i>	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 18 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4650
CERTIFICATE OF DEATH

04671

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) 48 years		CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		//	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 824 North Market Street				STREET ADDRESS (If rural give location) 824 North Market Street			
3. NAME OF DECEASED:		(First)		(Middle)		(Last)	
JESSE		RALPH		YINGLING		4. DATE OF DEATH:	
(Type or Print)						May 14 19 55	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Married	May 16, 1881	73 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Machinist		Automotive		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John Yingling				Penelope Fuss			
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		214-10-1807		824 North Market Street Mrs. J. R. Yingling - Frederick, Maryland			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
177x Immediate cause				4 yrs	
(a) <i>Carcinoma of prostate</i>					
DUE TO					
Antecedent causes (s)				6 months	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.					
(b) <i>Metastasis pelvic bones, ribs & liver</i>					
DUE TO					
(c)					
11. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
				(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from Jan 5, 1955, to May 16, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 4:15 a.m., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		ADDRESS	
<i>Bohannon m d</i>				Frederick, Md May 16, 1955	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial		May 17, 1955		Frederick Memorial Park	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
16 May 1955		<i>Elizabeth B. Heck</i>		C. E. Cline & Son - 8 East Patrick Street	
				Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 17 1955

RECEIVED